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DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number JAB1705										
		First Named Inventor S. Lilienfeld et al.										
<i>COMPLETE IF KNOWN</i>												
<input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required)		Application Number 10/510,314										
		Filing Date October 1, 2004										
		Group Art Unit 1616										
		Examiner Name Frank I. Choi										
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STATIN THERAPY FOR ENHANCING COGNITIVE MAINTENANCE <i>(Title of the Invention)</i>												
<p>the specification of which</p> <p><input type="checkbox"/> is attached hereto</p> <p>OR</p> <p><input checked="" type="checkbox"/> was filed on (MM/DD/YYYY) <u>10/01/2004</u> as United States Application Number or PCT International Application Number <u>10/510,314</u> and was amended on (MM/DD/YYYY) <u>07/09/2007</u>, and which was filed as a 371 application of PCT International Application Number PCT/EP03/03324 filed March 28, 2003.</p> <p>I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.</p>												
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I hereby appoint:

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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City:

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NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Sean

Family Name
or Surname Lilienfeld

Inventor's
Signature

Date

Aug 22, 2007

Residence: City Sharon

State MA

Country USA

Citizenship South Africa

Mailing Address 12 Terrapin Lane

City Sharon

State MA

ZIP 02067

Country USA

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NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Joan

Family Name
or Surname Amatriek

Inventor's
Signature

Date

Residence: City Newton

State PA

Country USA

Citizenship USA

Mailing Address 375 Sentinel Avenue

City Newton

State PA

ZIP 18940

Country USA

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NAME OF THIRD INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) John

Family Name
or Surname Glasspool

Inventor's
Signature

Date

Residence: City Basel

State

Country Switzerland

Citizenship UK

Mailing Address Unterer Rheinweg 128

City Basel

State

ZIP 4057

Country Switzerland

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NAME OF FOURTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Elane M.		Family Name or Surname Gutterman	
Inventor's Signature		Date	
Residence: City Princeton Junction	State NJ	Country USA	Citizenship USA
Mailing Address 35 Arnold Drive			
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NAME OF SIXTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Sean

Family Name
or Surname Lilienfeld

Inventor's
Signature

Date

Residence: City Sharon

State MA

Country USA

Citizenship South Africa

Mailing Address 12 Terrapin Lane

City Sharon

State MA

ZIP 02067

Country USA

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NAME OF THIRD INVENTOR:

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Country Switzerland

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NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required)	Attorney Docket Number	JAB1705	
	First Named Inventor	S. Lilienfeld et al.	
	<i>COMPLETE IF KNOWN</i>		
	Application Number	10/510,314	
	Filing Date	October 1, 2004	
	Group Art Unit	1616	
	Examiner Name	Frank I. Choi	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.
 I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

STATIN THERAPY FOR ENHANCING COGNITIVE MAINTENANCE
(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 10/01/2004 as United States Application Number or PCT International Application Number 10/510,314 and was amended on (MM/DD/YYYY) 07/09/2007, and which was filed as a 371 application of PCT International Application Number PCT/EP03/03324 filed March 28, 2003.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/369,285	04/02/2002	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status

I hereby appoint:

☒ Practitioners at Customer Number **000027777** →

Place Customer
Number Bar Code
Label Here

AND

☐ Practitioner(s) named below:
Name Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Address all telephone calls to Mary A. Appollina at telephone number (732) 524-3742.

Direct all correspondence to: Customer Number ☒ or Bar Code Label **000027777** OR ☐ Correspondence address below

Name:

Address:

Address:

City:

State:

ZIP

Country

Telephone:

Fax:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Sean

Family Name
or Surname Lilienfeld

Inventor's
Signature

Date

Residence: City Sharon

State MA

Country USA

Citizenship South Africa

Mailing Address 12 Terrapin Lane

City Sharon

State MA

ZIP 02067

Country USA

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NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Joan

Family Name
or Surname Amatriek

Inventor's
Signature

Date

Residence: City Newton

State PA

Country USA

Citizenship USA

Mailing Address 375 Sentinel Avenue

City Newton

State PA

ZIP 18940

Country USA

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NAME OF THIRD INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) John

Family Name
or Surname Glasspool

Inventor's
Signature

Date

Residence: City Basel

State

Country Switzerland

Citizenship UK

Mailing Address Unterer Rheinweg 128

City Basel

State

ZIP 4057

Country Switzerland

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NAME OF FOURTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Elane M.		Family Name or Surname Gutterman	
Inventor's Signature		Date	
Residence: City Princeton Junction	State NJ	Country USA	Citizenship USA
Mailing Address 35 Arnold Drive			
City Princeton Junction	State NJ	ZIP 08550	Country USA
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF FIFTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SIXTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country